

2018

# Patient Education on the Shingrix Vaccine

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## Recommended Citation

Patel, Arjun, "Patient Education on the Shingrix Vaccine" (2018). *Family Medicine Clerkship Student Projects*. 422.  
<https://scholarworks.uvm.edu/fmclerk/422>

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# Patient Education on the Shingrix Vaccine

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Family Medicine Clerkship October-November 2018

WCHN Southbury Primary Care

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# Problem Identification and Description of Need

- Shingles (herpes zoster) affects approximately 1 in 3 people during their lifetime. Shingles affects half of all people who live to the age of 85 or older.<sup>1</sup>
- Within the last year, the CDC has recommended that most adults 50 and older should get the new shingles vaccine, Shingrix
  - In adults 50 to 69 years old who got two doses, Shingrix was 97% effective in preventing shingles; among adults 70 years and older, Shingrix was 91% effective.
  - In adults 50 to 69 years old who got two doses, Shingrix was 91% effective in preventing post-herpetic neuralgia; among adults 70 years and older, Shingrix was 89% effective.<sup>2</sup>
- The vast majority of the patients at our practice in Southbury, CT are above the age of 50. Many are unaware of this vaccine and/or have misconceptions about the vaccine, especially concerning past vaccination for shingles or prior episodes of shingles and chickenpox
  - As a result, we spend significant time during appointments each day educating patients on the new vaccine, when we could be addressing other concerns

# Public Health Cost

- In the United States, herpes zoster and related complications are estimated to result in approximately \$1.3 billion in medical care costs and \$1.7 billion in indirect costs annually.<sup>3</sup>
- These costs can be expected to increase over time due to the aging population in the U.S.
  - The number of adults over the age of 65 is expected to surpass the number of children (individuals under the age of 18) by 2035.<sup>4</sup>

# Community Perspective

- A provider at our practice spoke about their experience treating patients with shingles, noting that sometimes those vaccinated with Zostavax would still get shingles. However, some of the patients who had been previously vaccinated seemed to have less severe episodes of shingles than unvaccinated individuals. The provider also emphasized the importance of the Shingrix vaccine being inactivated instead of a live virus, so that immunocompromised/immunosuppressed patients who are at higher risk of experiencing shingles can now get the vaccine.
- A provider at a community health clinic in the Southbury area stated that it is important for patients to know that the Shingrix vaccine is recommended after the age of 50 regardless of whether a patient remembers having chickenpox or shingles in the past, and regardless of whether they had Zostavax. The provider said that soreness at the injection site is generally a normal side effect and should not be a reason to avoid getting the second dose of Shingrix.

# Intervention and Methodology

- Intervention

- Create a brief, easy to understand handout to educate patients at our practice about the Shingrix vaccine. The handout concisely summarizes patient-relevant information about shingles and the vaccine. The handout will be made available in the waiting area and exam rooms.

- Methodology

- Researched CDC data and peer reviewed publications for information to include in the handout
- Spoke with local providers about their experiences with shingles and shingles vaccines to evaluate what information would be most beneficial to patients
- Recorded commonly asked questions by patients during the rotation to include in the handout

# Results

- The result is a 2-sided single page handout briefly addressing what shingles and post-herpetic neuralgia are, with a frequently asked questions section.
- The handout is awaiting approval for use in clinic from WCHN administration. The plan is to make it available to patients in the waiting area and exam rooms in the clinic and potentially other clinics in the network.

# Evaluation of effectiveness and limitations

- Proposed evaluation of effectiveness
  - Provide patients with handout before their appointment and determine if they have further questions about the Shingrix vaccine before receiving it in office or at a pharmacy. Note what questions patients still have about the vaccine and address these questions in future versions of the handout.
  - Patients who are presenting for follow-up visits or physicals could either be offered the handout or not offered handout at random when they check-in for their appointment. When the Shingrix vaccine is discussed with them during the appointment, the amount of time spent discussing this topic could be compared between the two groups. Completion of the vaccination series could also be compared between the two groups.
- Limitations
  - The current national shortage of the vaccine may make it difficult for patients to receive the vaccine in the office or in pharmacies, regardless of motivation.
  - Differences in insurance coverage can affect how easy it is to get the vaccine.
  - Prior shingles infection or vaccination with Zostavax may influence a patient's motivation to receive the Shingrix vaccine.



# Recommendations for future interventions

- Add more detailed information to the handout concerning insurance coverage
- Convert the handout into an electronic form that can be sent to the patient after a visit
- More active engagement of the community, perhaps with a presentation about the vaccine at local assisted living facilities where they can ask questions and also receive the handout
- Implementation of a trial to determine the effectiveness of the handout at multiple sites in the area, as described in the 'Evaluation of effectiveness and limitations' slide

# References

1. Centers for Disease Control and Prevention. *Epidemiology and Prevention of Vaccine-Preventable Diseases: Varicella*. The Pink Book: Course Textbook 13<sup>th</sup> Ed. 2015. Retrieved from: <https://www.cdc.gov/vaccines/pubs/pinkbook/varicella.html>
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3. Curran, D. et al. *Cost effectiveness of an Adjuvanted Recombinant Zoster Vaccine in older adults in the United States*. *Vaccine*. 2018. 36 (33): 5037-5045
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